

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/580,287	FILING DATE			
							APPLICANT(S)				
9-3004 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 9-3004 *			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51			/	
2				/			52			/	
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
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11				/			61				
12				/			62				
13				/			63				
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15		/		/			65				
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42							92				
43							93				
44							94				
45				/			95				
46			/	/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
TOTAL IND.	4						TOTAL IND.		2		
TOTAL DEP.	25						TOTAL DEP.		21		
TOTAL CLAIMS	29						TOTAL CLAIMS		23		